



THE UNIVERSITY OF
WESTERN AUSTRALIA

FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES

CHSR Strategic Plan 2014-2018

CENTRE FOR HEALTH SERVICES RESEARCH

Mr Jesse Young and
Assistant Professor Anna Kemp

with the CHSR Strategic Planning
Working Group:

Ms Anne McKenzie

Winthrop Professor D'Arcy Holman

Assistant Professor Diane Arnold-Reed

Dr Maryam Mozooni

Professor David Preen

CHSR Consumer and Community Reference Group



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Mission Statement

The mission of the Centre for Health Services Research (CHSR) is to build a reputation for excellence as a research centre and conduct research that supports the promotion of community health. We investigate people's engagement with multidisciplinary healthcare services and resulting health outcomes focussing on building capacity related to innovation, research integrity, professional leadership, knowledge exchange, community and consumer involvement, and translation of research into policy and practice.

Background of the CHSR

The CHSR was inaugurated on 25 August 1994, when a proposal to establish this Centre within the UWA Department of Public Health was approved by the Acting Executive Dean of the Faculty of Medicine and Dentistry, Professor Max Walters. It was established as what was then called a 'category A' centre, meaning it was contained within an academic department and was not financially independent as in the case of a category B centre. There were two principal motivations to establish the CHSR:

On 15 August 1994, the Lotteries Commission had awarded a grant of \$832,000 over three years to D'Arcy Holman with Michael Hobbs, Matthew Knuiman, Judith Straton and Richard Hockey to establish the Health Services Research Linked Database Project, which later became the WA Data Linkage System. As a condition of the grant the Lotteries Commission required that the funds be directed to a centre that was sufficiently distinct from other academic activities such that the Commission could be assured that all of its funds were being applied to the linked database project.

The new Centre was also intended to raise awareness of the significantly enhanced research capacity that would be created by Health Services Research Linked Database Project, thus raising UWA's profile in health services research and positioning it to compete for NHMRC and other research funds using the emerging unique infrastructure as a competitive edge.

D'Arcy Holman was the inaugural Director of the Centre until 2002, when the role passed to James Semmens. That Lotteries Commission grant enabled the purchase of a Sun mini-computer as the computing workhorse of the Linked Database Project and provided salary support for the CHSR to employ John Bass and his team to build the system architecture, initially linking 15 years of hospital morbidity, mortality, midwives, cancer and mental health data for 1980-1994. During 1995-1998, John Bass and his team were located in an extra-mural node of the CHSR, located within the Epidemiology Branch of the Health Department of WA.

The original vision for the CHSR was that its work would strongly influence policy and practice in the health system through the combination of unique research infrastructure and a collaborative network, including the Health Department of WA, clinical practitioners, the TVW Telethon Institute for Child Health Research and other research groups. Apart from commencing work on the Health Services Research Linked Database from late 1994, another early infrastructure development hosted by the CHSR was a Spatial Analysis Facility set up in 1995, using a second Sun mini-computer paid for by the establishment grant attached to D'Arcy Holman's appointment and used by Jilda Hyndman for her PhD work on spatial access to primary care.

Another of the earliest and most significant areas of concentration of the CHSR's research activities was the Quality of Surgical Care Project (QSCP), instigated in 1995 as a collaborative venture with the WA Branch of the Royal Australasian



College of Surgeons and the Health Department of WA. It aimed to evaluate patterns of surgical care and outcomes in WA for common surgical procedures. After James Semmens was appointed to the CHSR as a research associate, he became the Coordinator of the QSCP. Two other early staff members of the CHSR were Kate Brameld, who undertook her PhD on the development of innovative methods for use of linked data, including the backcasting technique and methods for measuring cancer prevalence; and David Lawrence whose PhD work on physical illness in people with mental illness became widely known as the Duty to Care Study. These various early projects were supported by the first successes of the Centre in winning NHMRC grants, which grew rapidly over the ensuing years. Another early landmark was in 1996, when the CHSR hosted the First Australian Conference on Record Linkage and Health Research, attended by international speakers and more than 100 delegates from across the country.

The design of the CHSR image reflected these early developments. The five sheets represented data collections being propelled forward and upward by the soaring bird to achieve greater value through record linkage. The background matrix represented spatial analysis and also relationships and structural context within communities. The bird itself was dove-like, emphasising harmonious collaboration to achieve a common good purpose.

A further milestone for the CHSR was the establishment of the Consumer Liaison Officer role in 1998. This role was created after discussion between the then Head

of School and the Executive Director of the Health Consumers' Council. Both were concerned about the lack of communication between researchers, health consumers and the community. The role was to be situated at SPH but it also had accountability to the Health Consumers' Council; to become their eyes and ears in the School, working amongst researchers. There was no expectation for the Consumer Liaison Officer to do research. The main objective for the role was to provide a bridge or conduit between the community and SPH.

The very early work done by the first Consumer Liaison Officer was about opening the doors and taking each and every opportunity to make inroads into changing the culture. Although there were some tense times, the most significant changes in shifting the thinking of researchers came from the work done on the Duty to Care Study. A successful application for a National Health and Medical Research Council Capacity Building Grant in 2002 allowed the role to be expanded. The current Consumer Liaison Officer, Anne McKenzie; now Consumer Advocate, started working at the CHSR in 2004. Anne McKenzie works full-time across the CHSR and the Telethon Institute for Child Health Research. This position was the first, and remains the only, position of its type in Australia.

Core Values

The values of the CHSR identified in this document do not replace those outlined in the UWA School of Population Health's (SPH) Strategic Plan. Rather, the CHSR core values build on and further specify the values upheld by Centre members and expand on those which are most applicable to the Centre's research activities.

Research Integrity

The CHSR is committed to the highest ethical principles regarding financial governance, research governance, design and implementation; the dissemination of research findings; and professional partnerships. Our members conduct independent research with the primary aim of advancing the public interest of improving community health; research that is transparently free from influence and associations, financial or otherwise, from vested interests. The CHSR promotes equity in research with a goal of reducing health inequalities through advocacy on behalf of vulnerable and marginalised populations.

Productivity, Accountability, and Innovation

The CHSR is invested in being a highly productive environment with a view to achieving national and international research excellence by building an evidence-base to effect positive health service change, thus facilitating a primary goal of improving community health. All CHSR members are accountable both internally to other members and externally in their professional relationships regarding their conduct, productivity, and participation in the daily functioning of the CHSR.



Consumer, Community, and Public Engagement

The CHSR is committed to active involvement of consumers, community members, policymakers and stakeholders in every level of the of the CHSR’s research process, from integration in the fundamental research design to the dissemination of results, is an essential component in attaining socially responsible research practices. The CHSR Community Reference Group will support researchers, consumers and community members to work in partnership to enable and support active involvement.

Inclusivity

Creating an inclusive environment to in which to work, conduct research and study is considered of seminal importance to the CHSR. We will create an environment which fosters mutual respect, proactive engagement, collegiality and recognition of all individuals. The participation and development of workplace practices and actions that support this aim are an integral part of CHSR duties.

Professional Leadership and Collaborative Relationships

The CHSR will build research capacity through initiating and actively fostering diverse, dynamic, and practical collaborative associations at local, national, and international levels. Pivotal relationships include multidisciplinary researchers, healthcare policymakers, practitioners, and consumers, and other stakeholders.

Knowledge Exchange and Research Translation

The CHSR is dedicated to advancing evidence-based health science information by promoting connection and interchange between researchers, clinicians, policymakers, consumers, and community members, and other stakeholders. The principles of freedom of thought, constructive debate, transparency of decision-making, and clarity will direct this discourse. It is viewed as essential for the CHSR to act as a facilitator and mediator to encourage impartial and objective communication between these parties. The CHSR prioritises research that addresses clinical and policy issues of current important to clinicians, policymakers and the community.

Priority Areas

The CHSR has five primary priority areas:

- Adverse events and medication safety
- Delivery of cancer services
- Evaluations of health service policy and interventions
- Availability and utilisation of health services among vulnerable populations
- Utilisation of reproductive health services.

Strategic Goals

1. **Build the research capacity of the CHSR**
2. **Influence the science of health services research and implementation to policy and practice**
3. **Raise the scientific and community profile of the CHSR**

The following strategic goals are intended as short-to-medium term targets for the CHSR given its current position and challenges. Thus, these goals are specific to period 2014-2018. In the longer term it is anticipated that the nature and scope of these goals will evolve.

Goal #1. Build the research capacity of the CHSR

1.1 Maintain or increase competitive funding for both short- and long-term research projects and programs in established and emerging CHSR priority areas.

Group objectives	Benchmark
Maintain or increase the number of competitive funding applications submitted by CHSR members	≥10 per annum
Maintain or increase the number of competitive funding applications won by CHSR members	≥2 per annum

1.2 Exceed current performance in relation to peer-reviewed papers, articles and reports

Individual objectives	Benchmark
Maintain or increase the number of first-author journal articles by full-time junior (i.e. level A and B) CHSR members	≥2 per annum
Maintain or increase the number of co-author journal articles by full-time junior CHSR members	≥4 per annum
Maintain or increase the number of first-author journal articles by full-time senior (i.e. level C, D and E) CHSR staff members	≥4 per annum
Maintain or increase the number of co-author journal articles by full-time senior CHSR staff members	≥8 per annum
Maintain or increase the number of policy-relevant reports authored by full-time CHSR staff members	≥1 per annum
Administer a performance evaluation to each CHSR member monitoring progress towards individualised benchmarks	1 per annum

1.3 Attract and retain high-achieving domestic and international postgraduate students and staff

Group objectives	Benchmark
Attract funding to cover staff salary	>\$750,000 per annum
Maintain or increase the number of major competitive grants (i.e. NHMRC / ARC) awarded to full-time senior CHSR members	≥2 per annum
Maintain or increase the number of minor competitive grants (i.e. BRCA / ECR Fellowships) awarded to full-time junior CHSR members	≥4 per annum
Maintain or increase the number of postgraduate (HDR) research student members in the CHSR	≥1 per annum
Provide professional development and training activities for CHSR members	≥3 per annum
Create an inclusive occupational environment through regular social and workplace engagement activities	5 per annum
Individual objective	Benchmark
Encourage all members to obtain funding to attend national and/or international conferences through travel/conference grants or their consultancy earnings	≥1 per annum

1.4 Improve access to resources for health services research

Objective	Benchmark
Discussion of new resource requirements at CHSR meetings	Monthly
Updates to the list of available electronic resources	Monthly
Budget allowance for acquisition of new resources	\$1500 per annum

1.5 Build and expand networks with consumer and community groups

Group objective	Benchmark
Plain language research summary presentation to relevant consumer and community groups	>4 per annum
Individual objective	Benchmark
Consultation with the CHSR Community Reference Group and any specific consumer and community groups recommended by them	>1 per annum

Goal #2. Influence the science of health services research and implementation to policy and practice

2.1 Ensure that all future research programs developed or managed by the CHSR have an explicit consumer and community engagement plan

Group objectives	Benchmark
Monitoring of the consumer and community involvement activities of all CHSR projects	1 per annum
All new projects lead by CHSR members will engage consumers, community members, policymakers and other stakeholders to determine their priorities during the development stage	>2 per annum
All new projects to utilise the CHSR Consumer Reference Group	>2 per annum

2.2 Build collaborative relationships with other national and international research centres

Group objectives	Benchmark
Presentation of CHSR research to other research groups and organisations	>10 per annum
Maintain or increase the number of cross-institutional projects lead by CHSR members	≥2 per annum
Individual objectives	Benchmark
Encourage CHSR members to collaborate on research projects lead by other institutions	≥1 per annum

2.3 Contribute to peer-review and editorial activities

Individual objectives	Benchmark
Maintain or increase the number of journal manuscripts reviewed by full-time junior (i.e. level A and B) CHSR members	≥3 per annum
Maintain or increase the number of journal manuscripts reviewed by full-time senior (i.e. level C, D and E) CHSR members	≥5 per annum
Maintain or increase the number of other review activities (i.e. grants, conference abstracts, postgraduate research proposals) reviewed by full-time junior CHSR members	≥3 per annum
Maintain or increase the number of other review activities (i.e. grants, conference abstracts, postgraduate research proposals) reviewed by full-time senior CHSR members	≥5 per annum
Maintain or increase the number of CHSR members engaged in peer-reviewed journal editorial activities	>1 per annum

2.4 Provide expert members for, and links to, national and international policy advisory groups and committees

Group objectives	Benchmark
Maintain or increase the number of national policy advisory groups or committees with representation from full-time junior (i.e. level A and B) CHSR members	≥3 per annum
Maintain or increase the number of national policy advisory groups or committees with representation from full-time senior (i.e. level C, D and E) CHSR members	≥2 per annum
Maintain or increase the number of international policy advisory groups or committees with representation from full-time senior CHSR members	≥1 per annum

Goal #3. Raise the scientific and community profile of the CHSR

3.1 Develop and display a recognisable branding package for CHSR

Group objectives	Benchmark
Work with UWA Public Affairs, CHSR members, policymakers and other stakeholders to develop a CHSR image, email signature, PowerPoint template and affiliation wording	By June 2014
CHSR branding is to be used by all members on all internal and external communications, presentation and publications from June 2014 onward	June 2014 onward

3.2 Present findings at national and international conferences, public and policy seminars, and key national forums

Individual objectives	Benchmark
Maintain or increase participation in key international conferences by CHSR members	≥1 per annum
Maintain or increase participation in key national conferences by CHSR members	≥1 per annum
Maintain or increase participation in public and policy seminars by CHSR members	≥1 per annum

3.3 Dissemination of research findings through traditional, social and community-based media

Individual objectives	Benchmark
All journal articles accepted for publication to be sent to UWA Public Affairs to assess suitability of creating a press release, in conjunction with the CHSR Research Output Coordinator	With each publication (see benchmarks for appropriate staff level)
Engagement in media interviews by CHSR staff	>2 per annum
Presentation of findings in a policy brief for stakeholders or policy makers	>1 per annum

3.4 Maintain a plain-language and up-to-date website to communicate CHSR projects, findings and outputs

Group objective	Benchmark
Updates to the CHSR website including plain language and scientific descriptions of new projects, and links to published outputs	1 per month

3.5 Monitor and evaluate the reach of CHSR research in traditional, social and community-based media

Group objective	Benchmark
Citations of CHSR research or members in traditional, social and community-based media	>5 per annum

3.6 Promote the work of the CHSR to consumers, the community, policymakers and stakeholders

Individual objectives	Benchmark
Host events to share key research findings with consumer and community groups	>1 per annum
Provide written reports to key consumer and community groups, policymakers and other stakeholders on the activities of the CHSR	>1 per annum

Roles of CHSR Members

All CHSR staff and students will contribute to the functioning and building of the CHSR through one or more support roles. We will ensure skill-building and optimal productive capacity for our members and secure this capacity within CHSR by assigning two coordinators to each role and rotating coordinator roles annually. It is expected that CHSR coordinators will commit a minimum of one hour per week toward their role/s.

1. Professional Development Coordinator

Description: The Professional Development Coordinators are responsible for identifying and communicating opportunities for relevant professional development and skill expansion to group members.

Key Tasks:

- Monitor notices and alerts from within the University to identify professional development opportunities for CHSR members
- Actively encourage group members to seek opportunities for professional development of group members external to the University
- Collate information from group members on opportunities for professional development
- Identify areas for skill development common across Centre members
- Reporting on relevant items from the Research Development Committee and Population Health Postgraduate Society reports
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week

2. Consumer and Community Coordinator

Description: The Consumer Coordinators will work with the Participation Unit to support and encourage CHSR members to make consumer and community participation a core part of the research process, and building and maintaining links between CHSR members, consumers and the wider community.

Key Tasks:

- Encourage and support CHSR members to involve consumers and community members in research projects
- Compile information on the number of CHSR projects involving consumers and community members, and the extent of this involvement
- Proactively promote the findings of the CHSR research amongst health consumers and consumer organisations
- Reporting and updating on progress every CHSR monthly meeting
- Expanding networks and creating links with people involved in research projects and consumer and community organisations.

Time Commitment: 1 hour per week

3. Conferences/ Speaking Engagements/ Collaborative Opportunities Coordinator

Description: These Coordinators are responsible for seeking out and organising speaking and collaboration opportunities for CHSR members including conferences, public and community events, and research seminars.

Key Tasks:

- Alert group members to upcoming opportunities for public engagement
- The organisation of one CHSR member to present an update of their work at each monthly meeting

- The organisation of one CHSR member to present their work or represent the Centre at one or more events (preferably outside the School)
- Organise CHSR member presentations in the School seminar series
- Identify and communicate opportunities for travel funding to attend conferences
- Reporting on relevant items from the Research Development Committee and Population Health Postgraduate Society reports
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week

4. Social Engagement Coordinator

Description: The Social Engagement Coordinators are responsible for facilitating social involvement and inclusion within the CHSR. This will be achieved through the organisation and implementation of social activities, team building exercises, and workshops which promote and value the diversity and unique contribution of CHSR staff, students, and affiliates.

Key Tasks:

- The organisation of a monthly social event for CHSR members
- The organisation of a bi-annual team building exercise
- The organisation of an inclusion workshop or activity every 6 months (e.g. UWA Equity and Diversity workshops, Mental Health First Aid)
- Reporting on relevant social items from the Population Health Postgraduate Society report
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week

5. Website/Social Media Coordinator

Description: The Website/Social Media Coordinators are responsible for maintaining and updating online material we share about the Centre with the rest of the University and our external stakeholders.

Key Tasks:

- Audit and update CHSR website content including staff list, project descriptions, outputs from projects, members' achievements and 'what's new'
- Provide monthly reminders to CHSR members to provide their updated information
- Provide monthly reminders to CHSR members to keep their CHSR and SPH profile information updated
- Investigate avenues for positioning CHSR in social media
- Maintain and update CHSR email distribution membership
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week

6. Grants/Funding Opportunity Coordinator

Description: The Grants Coordinators are responsible for identifying and communicating local, national and international funding opportunities relevant to CHSR members, including new research opportunities databases.

Key Tasks:

- Monitoring funding notices and alerts from within the University
- Monitor and communicate to CHSR members about new research opportunities databases (e.g. PIVOT)
- Encourage group members to actively seek information about upcoming funding rounds relevant to CHSR members, both national and international
- Call for and collate information from members of the group

- Quarterly compiling of information about grants submitted by group members
- Reporting on relevant items from the Research Development Committee and Population Health Postgraduate Society reports
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week

7. Research Output Coordinator

Description: The Research Output Coordinators are responsible for maintaining up-to-date records on the outputs of CHSR members so that individual and group productivity can be evaluated over time and compared against benchmarks.

Key Tasks:

- Ongoing compilation of information about peer-reviewed publications, invited publications, research grants, conference presentations, thesis completions supervised by CHSR members, and committee memberships of all CHSR members
- Quarterly reporting back to the group on CHSR productivity levels compared to previous time periods and benchmarks

- Monthly reminders to members to send information on outputs

Time Commitment: 1 hour per week

8. Resource Coordinator

Description: The Resource Coordinators are responsible for creating and maintaining resources to support the research activities of the CHSR.

Key Tasks:

- Maintaining the CHSR Library
- Monitoring use of CHSR library resources
- Identifying potentially useful resources for the CHSR Library
- Acting as a contact point for CHSR members with suggestions for new resources
- Organising the supply of agreed-upon new resources
- Maintaining the CHSR electronic shared resources on the server
- Reporting on relevant items from the Teaching Executive Group report
- Reporting and updating on progress every CHSR monthly meeting

Time Commitment: 1 hour per week





THE UNIVERSITY OF
WESTERN AUSTRALIA

Centre for Health Services Research

School of Population Health
Faculty of Medicine, Dentistry
and Health Sciences
The University of Western Australia
M431, 35 Stirling Highway
Crawley WA 6009
sph.uwa.edu.au/research/chsr